+4048156118

RECEIVED CENTRAL FAX CENTER

SEP 2 5 2006

T-665 P 01/37 F-21

1/37 F-213

Suite 2800 1100 Peachtree St. Atlanta GA 30309-4530 t 404 815 6500 f 404 815 6555 www.KilpatrickStockton.com



September 25, 2006

_	-	
_	л	v
_	-	•

RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
Centralized Fax Dept. GAU 3737	571-273-8300	U.S. Patent and Trademark Office Alexandria, VA 22313-1450
Smith, Ruth S.		
Christopher J. Chan		37
FROM		PAGES (WITH COVER)
4467 REFERENCE NO		41482/205543 CLIENT/MATTER NO.

PLEASE CALL 404 815 6497 IF YOU HAVE DIFFICULTY WITH THIS TRANSMISSION.

CONFIDENTIALITY NOTE:

COMMENTS

The information contained in this fax message is being transmitted to and is intended for the use of the individual named above. If the reader of this message is not the intended recipient, you are hereby advised that any dissemination, distribution or copy of this fax is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and destroy this fax message.

Appl	icant:	Talish, et al. METHOD AND KIT FOR CAVITATION-INDUCED TISSUE HEALING WITH LOW INTENSITY ULTRASOUND		
Title				
Seria	No./Docket No.:	09/980,329	41482/205543	
Filed	:	March 5, 2002		
PAP	ERS SUBMITTED			
1.	PTOSB/30 - R duplicate for fe		mination (RCE) Transmittal (original &	
2.	Amendment/R	esponse		
3.	PTO/SB/21 - 1	Petition for Extension of T	lime;	
4.	PTO/\$B/17 - 1	Fee Transmittal;		
5.	Supplemental :	Supplemental Information Disclosure Statement;		
6.	PTO/SB/08a;		•	
7.	l Reference; a	Reference; and		

8. PTO/SB/2038.

Date: September 25, 2006

By: Christopher J. Chan, Reg. No. 44,070

TO BE COMPLETED	TO BE COMPLETED BY KS OPERATIONS CENTER			
TRANSMISSION RECEIPT DATE/TIME:				
COMPLETED BY:	JOB CODE			

ATLANTA AUGUSTA CHARLOTTE LONDON RALEIGH STOCKHOLM WASHINGTON WINSTON-SALEM

PAGE 1/37 * RCVD AT 9/25/2006 3:37:01 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-3/20 * DNIS:2738300 * CSID:+4048156118 * DURATION (mm-ss):10-40

Complete If Known

F-213

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

+4048156118

Fees pursuant to the Consolidated Appro		Complete It Known				
·			Application Number 09/980,329		RECEIVED	
FEE TRANSMITTAL		Filing O	ate	March 5, 2002	CENTI	RAL FAX CENTER
for FY 2006		First Na	amed Inventor	Roger I TALISH		EP 2 5 2886
Applicant claims small entity st	atus. See 37 CFR 1.27	Examin	er Name	3737		L1 2 J 2000
TOTAL AMOUNT OF PAYMENT	(\$) 150.00	Art Unit		Smith, Ruth S. 41482/205543		
		Attorne	y Docket No.	41402/205543		
METHOD OF PAYMENT (check	all that apply)					
☐ Check ☐ Credit Card ☐ M	foney Order 🔲 Nonc 🛭	Other (please identif	y):		
Deposit Account Deposit Acco	unt Number: 11-0855		Deposit Acc	ount Name:		
For the above-identified de	eposit account, the Director	is hereby	authorized to:	(check all that apply)		
Charge fee(s) indica	ated below		☐ Cha	rge fee(s) indicated belo	w, except	for the filing fee
	nal fee(s) or underpayments	s of fee(s)	⊠ Cred	iit any overpayments		
Hador 27 CCD 1 16	t and 1 17			•		dla d
WARNING: Information on this form mainformation and authorization on PTO-	ay bocome public. Credit care 2038.	ıntormatic	on snould not b	e included ou this form. I	LIGNICE CLEC	
FEE CALCULATION				,		
1. BASIC FILING, SEARCH, A	ND EXAMINATION FEE	-5				
	FEES S	SEARCH	FEES	EXAMINATIO	N FEES	
	Small Entity	_	Small Entir		I Entity	5 . D.: J. (8)
Application Type Fee (\$	· ——	Fee(\$)	<u>Fee(\$)</u>		<u>e(\$)</u>	Fees Paid (\$)
Utility 300		500	250	200 10	-	
Design 200		100	50	130 6		
Plant 200		300	150	160 8		
Reissue 300		500	250	600 30	U O	
Provisional 200	100	0	٥	V	_	
2. EXCESS CLAIM FEES						Small Entity Fee (\$)
Fee Description Each claim over 20 (including R	aicenae)			<u>.</u>	Гов (\$) 50	25
Each independent claim over 3 (including Reissues)		•	:	200	100
Multiple dependent claims					360	180
Total Claims Extra	Claims Fee(\$)		Paid (\$)	Į		Dependent Claims
<u>23</u> -20 or HP= <u>3</u>	× <u>50</u> ≃	<u>15</u>	<u>0.00</u>		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims		_				
	Claims Fee(\$)	Fee	Paid (\$)			
-3 or HP= x = HP = highest number of independent claims paid for, if greater than 3.						
=	ent Clainte paro tor, il greater ura	u 1 J.				
3. APPLICATION SIZE FEE	exceed 100 sheets of paper	(excludin	e electronical	ly filed sequence or con	nputer	
If the specification and drawings excord 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra						Fee Paid (\$)
100 =	/50 =(rouna up	to a whole r	number) x	=	
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge):						
SUBMITTED BY	n		Registration No.		ī	
Signature UAEA (A		i	(Attomey/Agent)	44,070	Telephone	404.815.6500
Name (Print/Type) Christophod J. C	L				Date	September 25, 20

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to title (and by the USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with vary depending upon the individual case. Any comments on the annual neture require to complete this form ander suggestions for reducing this burden, should be sent to me Crief information Officer, U.S. Patons and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-600-PTO-9199 (1-600-785-9199) and salect option 2.